

(1) OWNER: Name Lehman, James Address 4134 E Deer Lake Rd. Clinton, 98234  
 (2) LOCATION OF WELL: County Franklin - SE 1/4 NW 1/4 Sec 26 T 29 N, R 3 W.M.  
 Bearing and distance from section or subdivision corner 1400' East 200' N of SW corn. Sec 26

(3) **PROPOSED USE:** Domestic ☒ Industrial ☐ Municipal ☐  
Irrigation ☐ Test Well ☐ Other ☐

**(4) TYPE OF WORK:** Owner's number of well  
(if more than one).....

New well	<input checked="" type="checkbox"/>	Method:	Dug	<input type="checkbox"/>	Bored	<input type="checkbox"/>
Deepened	<input type="checkbox"/>		Cable	<input type="checkbox"/>	Driven	<input type="checkbox"/>
Reconditioned	<input type="checkbox"/>		Rotary	<input checked="" type="checkbox"/>	Jetted	<input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well ..... 6 ..... inches.  
 Drilled 150 ..... ft. Depth of completed well ..... 749 ..... ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 100 ft. to 141 ft.

Threaded ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Welded ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**Perforations:** Yes ☐ No ☒

Type of perforator used.....

SIZE of perforations ..... in. by ..... in.

..... perforations from ..... ft. to ..... ft.

..... perforations from ..... ft. to ..... ft.

..... perforations from ..... ft. to ..... ft.

Screens: Yes ☒ No ☐

Manufacturer's Name COOK

Type S.S. 4114 Model No. \_\_\_\_\_

Diam. 6 Slot size 6 from 141 ft. to 149 ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: .....  
Gravel placed from ..... ft. to ..... ft.

**Surface seal:** Yes ☒ No ☐ To what depth? 20 ft  
Material used in seal ben. mortar  
Did any strata contain unusable water? Yes ☐ No ☒  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off

(7) PUMP: Manufacturer's Name.....  
Type: ..... HP.....

**(8) WATER LEVELS:** Land-surface elevation above mean sea level. 410 ft.

Static level 101 ft. below top of well Date \_\_\_\_\_

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? DAIRY

Yield: 30 gal./min. with 48 ft. drawdown after 4 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

[illegible]

Date of test .....  
 Bailer test ..... gal./min. with ..... ft. drawdown after ..... hr.  
 Artesian flow ..... g.p.m. Date .....  
 Temperature of water ..... Was a chemical analysis made? Yes ☐ No ☐

**(10) WELL LOG:**

**Formation:** Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

[illegible]

Work started 2/3, 1981. Completed 2/10, 1981.

**WELL DRILLER'S STATEMENT:**

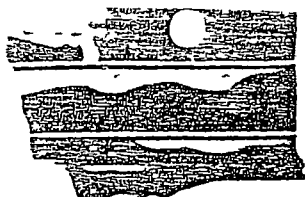
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Bob Paul King (Person, firm, or corporation) (Type or print)

Address AG Box 55, Freeland

[Signed] James M. S. Luba  
(Well Driller)

License No. 263 Date 2/10, 198



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form



Unique Well Tag No: AKY 756

# 15533A

## RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

## WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name TERRY E. LEHMAN, Last Name T.E.L. Company # 5

Street Address 18181 S.R. 525 Suite B

City Freeland State WA 98249

## LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address 6719 Cliffordsville Road parcel R32926-059-1610

City Clinton County Island

T 29 N R 3 E WM Sec 26 SE 1/4 of the SW

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available.

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Description of well (size of casing type of well housing, etc.)

6 inch casing well at west  
end of well house - clear 100'  
radius

or Well identification Tag

Tag strapped to well casing

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

26

C	B	A
F	G	H
L	K	J
P	Q	R

NTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

ht #

Date Issued

One

Application

Permit

Certificate

Claim

Exempt